



Pregnancy Complications

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Abstract: The article considers pathological conditions in obstetric practice that have arisen in connection with gestation and violate its natural course. At the initial stages, they may not be accompanied by clinical symptoms, subsequently manifested by pain in the lower abdomen, vaginal discharge, impaired fetal movement, headaches, edema.

Keywords: Pathology, pregnancy, diagnosis, perinatal method, uterus, fetus.

Introduction

According to specialists in the field of obstetrics and gynecology, only about 30-50% of pregnancies occur physiologically, and this percentage is constantly decreasing. The most common complications of the gestational period, not counting early toxicosis, are miscarriages, which end up to 15-20% of pregnancies, and premature birth (6-10%). At the same time, 30-80% of deeply premature babies suffer from disabling diseases. Approximately 8% of pregnant women experience water scarcity, 3-8% — preeclampsia and eclampsia, 2-14% — gestational diabetes mellitus. Every fiftieth pregnancy is ectopic, and in every two hundredth there is placenta previa. Other types of complications in pregnant women are less common.

Causes of pregnancy complications

The complicated course of the gestational period can be triggered by many factors on the part of the mother or fetus. The most common causes of pregnancy complications are:

- Exogenous somatic pathology. With cardiovascular diseases (hypertension, heart defects, arrhythmias) and urological diseases (glomerulonephritis, pyelonephritis), the risk of late gestosis increases. Gestation can also lead to decompensation of almost any chronic disease.
- Endocrinopathy. With violations of hypothalamic-pituitary regulation and endocrine function of the ovaries, the process of implantation of a fertilized egg suffers, the contractile activity of the myometrium changes. Diabetes mellitus provokes microcirculatory disorders both in a woman's body and in the fetoplacental system.
- Inflammatory gynecological diseases. With salpingitis, adnexitis, endometritis, the probability of ectopic tubal and cervical pregnancy increases. Chronic cervicitis can provoke isthmic-cervical insufficiency. With inflammation, intrauterine infection of the fetus is possible.
- Abnormalities of uterine development. Women with intrauterine septum, bicornular, saddle-shaped or infantile uterus are more often diagnosed with spontaneous abortions, premature birth, fetoplacental insufficiency, placental abruption and fetal hypoxia.
- Pathological pregnancy and childbirth in the past. Miscarriages and premature birth increase the likelihood of habitual miscarriage of the fetus. Scarring of the neck after its rupture is the

main cause of isthmic—cervical insufficiency. After the rupture of the uterus in childbirth, it is likely to rupture in the late stages of the next pregnancy, especially multiple pregnancies.

- Multiple pregnancies. In the presence of two or more fetuses in the uterus, chronic extragenital pathology is more often aggravated, late toxicosis is observed, polyhydramnios, leakage of amniotic fluid, the threat of premature termination of pregnancy occurs.
- Infectious diseases. Viral and bacterial infections can provoke miscarriage, premature birth, aggravate the course of gestosis, chronic somatic and endocrine diseases, cause complications in the form of inflammation of the membranes. Some pathogens are capable of infecting the fetus in utero.
- Immunological factors. Habitual miscarriage of pregnancy is more often observed with incompatibility of maternal and fetal blood according to the ABO system or Rh factor, the presence of antiphospholipid syndrome in the patient.
- Genetic abnormalities of the fetus. The most common reason for termination of pregnancy by early miscarriage is incompatible with life defects in fetal development.
- Iatrogenic complications. Performing amnioscopy, amniocentesis, cordocentesis and chorion biopsy, suturing the cervix increases the risk of high rupture of the amniotic bladder, infection and early termination of pregnancy.

Additional provoking factors, in which pregnancy complications are more often observed, are addictions (nicotine, alcohol, narcotic), asocial lifestyle. Pregnant women under 18 and over 35 years of age, patients with irrational nutrition and obesity, women who lead a low-activity lifestyle, experience excessive physical and psychological stress also belong to the risk group.

Symptoms of pregnancy complications

Despite the relationship between certain pathological conditions and the gestation period, there are a number of common signs indicating a complicated course of pregnancy. The first of them is abdominal pain. Usually they are localized in the lower part of the abdominal cavity, they can give to the groin and lower back. Less often, the pain begins in the epigastrium, and then passes into the lower abdomen. Pain syndrome occurs during ectopic pregnancy, the threat of miscarriage and premature birth, threatening rupture of the uterus (in pregnant women with a scar on the uterus). In such cases, there is weakness, dizziness, and sometimes loss of consciousness. Pain in inflammatory diseases is often combined with an increase in temperature.

The complication of pregnancy is indicated by vaginal discharge. Miscarriage, premature birth, detachment or placenta previa are accompanied by bloody discharge. Purulent and mucopurulent whites are observed in inflammatory processes. The watery nature of the discharge is characteristic of premature outpouring or leakage of amniotic fluid.

Almost any changes in a woman's general well-being can be a sign of possible complications. In the first trimester, pregnant women are worried about nausea, vomiting and other signs of early toxicosis. With late gestosis, dizziness, pain in the occipital region, the appearance of "flies" in front of the eyes, swelling on the legs, nausea, vomiting occur. A sudden increase in temperature can be observed with the development of inflammatory complications or with an infectious disease. A pregnant woman may notice the appearance or intensification of symptoms characteristic of extragenital pathology — dry mouth, frequent palpitations, shortness of breath, heartburn, varicose veins, etc.

Pregnancy complications from the fetus are often detected by changes in the frequency of movements. If the movements are not felt for more than 4 hours, there is no reaction to the usual stimuli (stroking the abdomen, music, food), it is worth urgently contacting an obstetrician-gynecologist. Hypoxia is characterized by active stirring and a feeling of hiccuping of the fetus.

Treatment of pregnancy complications

The tactics of managing a pregnant woman in the presence of complications depends on their nature, severity, and degree of risk to the fetus and mother. In the normal condition of the child and pathological disorders that do not pose a serious threat to a woman's life, medication therapy is prescribed to prolong pregnancy. The treatment plan may include:

- Hormonal drugs. Normalize the endocrine balance in the body.
- Tocolytics. Reduce the contractile activity of the myometrium.
- Antibacterial agents. Destroy pathogenic flora or prevent the development of infection.
- Anti-inflammatory drugs. Reduce the severity of the inflammatory process and pain syndrome.
- Glucocorticoids. Promote the maturation of lung tissue and accelerate the synthesis of surfactant.
- Sedatives. Relieve emotional stress.

According to the indications, the woman is undergoing symptomatic therapy of extragenital pathology, vitamin and mineral complexes, infusion solutions are used. If necessary, sutures are applied to the neck or an obstetric pessary is installed in the vagina. When some types of fetal, placental and amniotic fluid pathology are detected, fetal drainage and fetoscopic operations, intrauterine transfusions and infusions are indicated.

For the treatment of fetoplacental insufficiency, drugs that improve microcirculation and uteroplacental blood flow are used - antiplatelet agents and anticoagulants. In rhesus conflict, the administration of anti-rhesus immunoglobulin is effective. The detection of gross malformations, the death of a child, an abortion that has begun and conditions that threaten the life of the mother serve as indications for termination of pregnancy and intensive care. Taking into account the term, a medicinal, mini- or medical abortion or artificial childbirth is performed.

Conclusion

The prognosis of a complicated pregnancy depends on the nature of the pathology. With genetic defects, ectopic pregnancy and miscarriage, the fetus cannot be preserved. In other cases, the probability of pregnancy and the birth of a healthy child is determined by the time of detection and the degree of pathological disorders, as well as the correctness of obstetric tactics. To prevent pregnancy complications, women who plan to conceive a child are recommended to treat concomitant diseases, abandon bad habits, timely registration in a women's clinic and regular visits to a doctor, especially if there are risk factors.

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